

OSAH FORM 1

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| OSAH USE ONLY: | AGENCY CSS | CASE TYPE | DOCKET NUMBER | COUNTY | JUDGE |
|-----------------------|-----------------------|-----------|---------------|--------|-------|

DEPARTMENT OF HUMAN SERVICES DIVISION OF CHILD SUPPORT SERVICES REVIEW AND MODIFICATION

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|---|-----------------------------------|
| Non-Custodial Parent's County of Residence: | Agency Reference (\$TARS) Number: |
|---|-----------------------------------|

Check Only One:

- RM** (hearing to review/modify order for child support)
- RMR** (Consent Order for review/modification of order for child support – *NO HEARING DATE*)

CONTACT PERSON AT LOCAL DCSS OFFICE

| | | |
|-----------------------------|-----------|--------|
| NAME: | TEL #: | FAX #: |
| ADDRESS INCLUDING ZIP CODE: | POSITION: | EMAIL: |

CHILD(REN)

| | |
|-------|----------------|
| NAME: | YEAR OF BIRTH: |
|-------|----------------|

ATTORNEY FOR REFERRING AGENCY

| | | |
|-----------------------------|----------------|--------|
| NAME: | TEL #: | FAX #: |
| ADDRESS INCLUDING ZIP CODE: | GEORGIA BAR #: | EMAIL: |

NON-CUSTODIAL PARENT

| | | |
|-------------------------------------|--------|--------|
| NAME: | TEL #: | FAX #: |
| CURRENT ADDRESS INCLUDING ZIP CODE: | EMAIL: | |

ATTORNEY FOR NON-CUSTODIAL PARENT (IF APPLICABLE)

| | | |
|-----------------------------|----------------|--------|
| NAME: | TEL #: | FAX #: |
| ADDRESS INCLUDING ZIP CODE: | GEORGIA BAR #: | EMAIL: |

CUSTODIAL PARENT

| | | |
|-------------------------------------|--------|--------|
| NAME: | TEL #: | FAX #: |
| CURRENT ADDRESS INCLUDING ZIP CODE: | EMAIL: | |

ATTORNEY FOR CUSTODIAL PARENT (IF APPLICABLE)

| | | |
|-----------------------------|----------------|--------|
| NAME: | TEL #: | FAX #: |
| ADDRESS INCLUDING ZIP CODE: | GEORGIA BAR #: | EMAIL: |

*****REV/MOD PACKET MUST BE ATTACHED*****

This form is available online at <http://www.osah.ga.gov> or by telephone request at (404) 657-2800.

(OSAH 08/2016)